## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/534267

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)   |  |   |   |                                    |  |                                   |            | SMALL EN     | TITY                   | OR         | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|---|------------------------------------|--|-----------------------------------|------------|--------------|------------------------|------------|----------------------------|------------------------|
| U.S. NATIONAL STAGE FEES  |  |   | (Column 1)  |                                    |  | (Column 2)                        |            | RATE         | FEE                    | 1          | RATE                       | FEE                    |
| BASIC FEE   |  |   | SMALL EN  | T. = \$ 150                        | LAR                                    | GE ENT. = \$ 300                  | 1          | BASIC FEE    | 150                    | OR         | BASIC FEE                  |                        |
| EXAMINATION FEE   |  |   | Satisfies PCT   | , ,                                | All other situations = \$ 100 / \$ 200 |                                   |            | EXAM. FEE    | 150                    | 1          | EXAM. FEE                  |                        |
| SEARCH FEE  |  |   | (4) = \$56<br>U.S. is ISA =<br>ALL other co<br>\$ 200 / 5 | \$ 50 / \$ 100<br>ountries =       | All o                                  | ther situations = \$ 250 / \$ 500 |            | SEARCH FEE   | 200                    | 1          | SEARCH FEE                 |                        |
| FEI   | FOR EXTRA                                      | 1   | nus 100 =   |                                    | / 50 =                                 |                                   | X \$ 125 = |              | 1                      | X \$ 250 = |                            |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | 13 minus 20 =   |                                    | *                                      |                                   |            | X \$ 25 =    |                        | OR         | X \$ 50 =                  |                        |
| INDEPENDENT CLAIMS  |  |   | // r  | ninus 3 =                          | *                                      |                                   |            | X \$ 100 =   |                        | OR         | X \$ 200 =                 |                        |
| MU  | LTIPLE DEPEN                                   | IDENT CLAIM PR                            | ESENT   |                                    |  |                                   |            | + \$ 180 =   | 180                    | OR         | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |   |                                    |  | olumn 2                           | •          | TOTAL        | 630                    | OR         | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |   |                                    |  |                                   |            | SMALL ENTITY |                        |            | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHI<br>NUME<br>PREVIO<br>PAID I  | BER<br>JUSLY                           | PRESENT<br>EXTRA                  |            | RATE         | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **                                 |  | =                                 |            | X \$ 25 =    |                        | OR         | X \$ 50 =                  |                        |
|   | Independent                                    | *   | Minus   | ***                                |  | =                                 |            | X \$ 100 =   |                        | OR         | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                    |  |                                   |            | + \$ 180 =   |                        | OR         | + \$ 360 =                 |                        |
|   |  |   | TOTAL ADDIT.<br>FEE                                       | -                                  | OR                                     | TOTAL ADDIT.<br>FEE               |            |              |                        |            |                            |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |   |                                    |  |                                   |            |              |                        |            |                            |                        |
| ENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ST<br>ER<br>JSLY                       | PRESENT<br>EXTRA                  |            | RATE         | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **                                 |  | =                                 | ſ          | X \$ 25 =    |                        | OR         | X \$ 50 =                  |                        |
| AMENDM  | Independent                                    | *   | Minus   | ***                                |  | =                                 |            | X \$ 100 =   |                        | OR         | X \$ 200 =                 |                        |
|   | FIRST PRES                                     | ENTATION OF M                             | JLTIPLE DEPE  | ENDENT C                           | LAIM                                   |                                   |            | + \$ 180 =   |                        | OR         | + \$ 360 =                 |                        |
|   |  |   |   | TOTAL ADDIT. OR TOTAL ADDIT. FEE   |  |                                   |            |              |                        |            |                            |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |   |                                    |  |                                   |            |              |                        |            |                            |                        |